



STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
BUREAU OF TENNCARE  
310 GREAT CIRCLE ROAD  
NASHVILLE, TENNESSEE 37243 - 1700

## CHECKLIST

This check list will assist you in completing and returning the correct forms along with this document.  
Enrollment Packets must include the following:

### Home Health Providers

Medicare Provider Number	— — — — —
NPI Number	— — — — —
NPI Collection Form	_____
CMS Medicare Approval Letter	_____
Accreditation	_____
State License	_____
Disclosure of Ownership	_____
(2) HIPAA Agreements	_____
No. 3 Group Application	
New Provider	_____
Change Of Ownership	_____
Substitute W-9 Form	_____